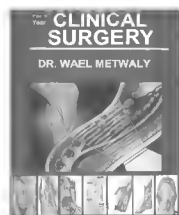


# REVISION 9

## SPLEEN, LIVER & GALL BLADDER

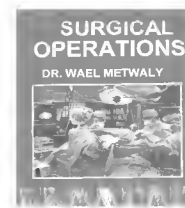
BY DR. WAEL METWALY

### ★ Clinical



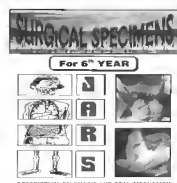
- Hepato-splenomegaly

### ★ Operative



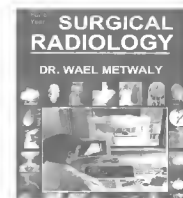
- Management of Rupture Spleen
- Management of stab Wound in Rt. Hypochondrium
- Splenectomy
- Cholecystectomy

### ★ Jars



- Liver Cirrhosis
- Amoebic Liver Abscess
- Liver Metastasis
- Rupture Spleen
- Splenic infarction
- Pigmented Stones
- Cholesterol Stones
- Cholesterol Stones (Mixed)
- Empyema of G.B

### ★ X-rays



- CT scan:
  - Hepatoma
  - Hydatid cyst
- Plain X-ray
- Oral Cholecystography
- HIDA Scan

# EXAMS

- A. Anatomy**
- B. Written Questions**
- C. Explanations**
- D. Cases**

## A. ANATOMY

1994

- Describe Anatomy of Spleen

(10 Marks)

1995

- Describe Anatomy of G.B & Extra-hepatic Biliary system

(15 Marks)

## B. WRITTEN QUESTIONS

### 1. SPLEEN

2002

- Discuss Diagnosis & ttt. of Rupture Spleen

(12 Marks) دور ثانی

2003

- Enumerate Causes of Enlarged Spleen

(9 Marks) دور ثانی

2004

- Discuss C/P & Management of Rupture spleen
- Enumerate the possible injuries, which may occur 2ry to a stab wound in the Lt. Hypochondrial area.

(20 Marks) دور ثانی

(20 Marks)

#### Discuss Investigations

2006

- A 8 year-old Child was admitted to the causality department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(20 Marks) دور ثانی

#### Discuss 3 investigations & treatment

2007

- A 18 year-old male came to the causality department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

#### Discuss management.

(25 Marks)

2009

- A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

#### Discuss management.

(20 Marks) دور ثانی

- Discuss C/P, Investigation & ttt. of Rupture Spleen

(25 Marks)

## 2. LIVER

- 2001**  
➤ Discuss **Amoebic Liver Abscess** (10 Marks) دور ثانی
- 2002**  
➤ Discuss C/P, Investigations & ttt. of **1ry Liver Cancer** (12 Marks)
- 2003**  
➤ Discuss management of **Liver Injuries** (9 Marks) دور ثانی  
➤ Discuss **Amoebic Liver Abscess** (9 Marks) دور ثانی
- 2004**  
➤ Discuss **Liver Metastasis** (20 Marks) دور ثانی
- 2005**  
➤ Discuss Aetiology, C/P, Investigations & ttt. of **Liver Injuries** (20 Marks) دور ثانی
- 2008**  
➤ A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver  
**Discuss management** (30 Marks)

## 3. GALL Bladder & Gall Stones

- 2002**  
➤ Mention Types & Composition of **Gall Stones** & it's complication (12 Marks)
- 2004**  
➤ Discuss Types, Aetiology & C/P of **Gall Stones** (20 Marks) دور ثانی  
➤ A 40 years old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 38`c Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium .  
**Discuss management** (20 Marks)
- 2006**  
➤ Discuss C/P & management of **Acute Calcular Cholecystitis** (20 Marks) دور ثانی  
➤ Mention the types of gall stones. (3 Marks)  
➤ Describe C/P of **Chronic Calcular Cholecystitis** (5 Marks)  
➤ Discuss the complications of **Gall stones** (12 Marks)
- 2008**  
➤ A 55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 38 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium  
**Discuss management** (20 Marks) دور ثانی
- 2009**  
➤ A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8 . **Discuss management** (20 Marks) دور ثانی  
➤ Mention the types of gall stones. (5 Marks)  
➤ A 43 female with long history of fatty dyspepsia, presented with upper Rt. abdominal pain. Temperature 39, pulse 130/min with rebound tenderness in upper Rt. quadrant. **Discuss management** (10 Marks)

## C. EXPLAIN

### THE FOLLOWING STATEMENTS



**1. It is preferable to preserve the Spleen in children with a traumatic injury to the spleen**

(2006 – دور أول – Kasr )

(2008 – دور ثانی – Kasr )

- Because the spleen play an important role in immune mechanism ( in children ) especially against Pneumococci

**2. Amoebic liver abscess is more common in Rt. Lobe of liver**

(2006 – دور ثانی – Kasr )

(2007 – دور أول – Kasr )

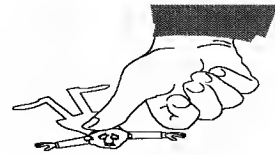
- As portal blood from Rt. Side of colon ( site of Amoebic Colitis) drains to Rt. Lobe of the liver

**3. A big sized gall bladder stone can produce acute Intestinal Obstruction**

(2006 – دور أول – Kasr )

- Gall Stone Ileus ( discuss )

## D. CASES



**Case [52] ( Rupture Spleen )**

A 8 year-old Child was admitted to the casualty department after a car accident. The patient was alert. He complained of upper Lt. abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2006 – دور ثانی – Kasr)

- Discuss the Management?

**Case [53] ( Rupture Spleen )**

A 18 year-old male came to the casualty department after a road traffic accident. He recovered his senses after a few minutes. He complained of upper abdominal pain. The pulse was 120/min & ABP was 90/60 mmHg . Abdominal examination revealed slight guarding & tenderness in Lt. hypochondrium.

(2007 – دور أول – Kasr)

- Discuss the Management?

**Case [54] ( Rupture Spleen )**

A 17 year-old male has car accident. On examination we found . That he had pain in Lt. loin, dull Lt. Hypochondrium & shifting dullness to Rt. Hypochondrium.

*(Kasr – دور ثانی – 2009)*

- *What is the diagnosis?*
- *How to confirm the diagnosis?*
- *What is the possible Treatment?*

**Case [55] ( Rupture Liver )**

A 30-years-old male patient was admitted to the Causality department after a car accident the patient was alert the pulse 110/min, ABP 110/70 mmHg. Chest examination was free. Abdominal examination revealed tenderness & Guarding in the Rt. Hypochondrium.

*(6 Oct. – دور ثانی – 2005)*

- *What is the diagnosis?*
- *What is the investigations would you order?*
- *What is the treatment?*

**Case [56] ( Solitary focal lesion of Liver )**

A 45-years-old farmer presented to the outpatient clinic complaining of Rt. Hypochondrial pain for the past 3 months. Examination revealed no clinical abnormality. C.T scan revealed a solitary focal lesion 5 cm in the Rt. Lobe of the liver

*(KASR – دور أول – 2008)*

- *What is the D.D?*
- *How to reach a diagnosis?*
- *What is the Treatment?*

**Case [57] ( Acute Calcular Cholecystitis )**

40-years-old diabetic woman presented with persistent pain in Rt. Hypochondrium for one day. Her temp. 39° c Abdominal examination revealed tenderness & Guarding in Rt. Hypochondrium.

*(KASR – دور أول – 2004)*

- *Discuss the Management?*

**Case [58] ( Acute Calcular Cholecystitis )**

A 43 female with long history of fatty dyspepsia, presented with upper Rt. abdominal pain. Temperature 39, pulse 130/min with rebound tenderness in upper Rt. quadrant.

(KASR – دور أول – 2009)

- *What is the diagnosis?*
- *How to confirm the diagnosis?*
- *What is the possible Treatment?*

**Case [59] ( Chronic Calcular Cholecystitis )**

55 years old diabetic female came complaining of an acute abdomen & persistent vomiting of 6 hours duration. On examination pulse was 100/minute, B.P 130/90 mm Hg. & temp. 37 c. She had a mild tinge of jaundice & localized tenderness in the Rt. hypochondrium

(KASR – دور ثانی – 2008)

- *Discuss the management?*

**Case [60] ( Chronic Calcular Cholecystitis )**

A female patient, came to emergency room with sever Rt. Hypochondrial pain, Rt. Shoulder & radiate to back bilirubin level was 0.8

(KASR – دور ثانی – 2009)

- *What is your diagnosis?*
- *What are the possible complications?*
- *What is the Treatment?*

بِسْمِ اللَّهِ  
GOOD LUCK

**Dr. WAEL**